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PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875							RECORD Applica			tion or bocket Number 1032863	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER EX				R EXTRA	Н	RATE	FEE]	RATE	FEE	
	IC FEE CFR 1.16(a))							s	OR		s
(37 (AL CLAIMS CFR 1.16(c))		minus 20 =				x \$=		OR	x \$=	
	PENDENT CLAI CFR 1.16(b))	MS	minus 3 =		•		x s=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ s=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
9-6-08 . (Column 1)			(Column 2) (Col		(Column 3)		SMALL ENTITY		OR		R THAN ENTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	25	Minus	" 4/ _	"		x <u>\$</u> =	_	OR	x \$=	
NH NH	Independent (37 CFR 1.16(b))	6	Minus	4	2		x \$=		OR	x s 200=	400.00
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	400.00
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS . REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus	••	=		x \$ =		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+\$ =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
NT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
🖁	Total (37 CFR 1.16(c))	•	Minus	**	=]	x s =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(b))		Minus	•••	=		× s=		OR	x \$=	
Į₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s=		OR	+ s=	
						- '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1 .	" If the "Highest	column 1 is less that Number Previously Number Previously	Paid For	IN THIS SPACE	is less than 20,	ent					

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